

What's it all about?

Think about the combination: a fast growing body, the availability of a tasty variety of "junk food," busy schedules and conflicting media messages which glorify skinny bodies. This combination makes adolescent nutrition issues both important and complicated. Want to know more and learn how you can help the teens in your life eat healthy? Read on!

What are the details?

- Less than a quarter of Washington state teens in grades
 9 through 12 reported that they eat 5 or more servings of fruits and vegetables each day.
- Washington state girls in grades 9 through 12 are at higher risk than boys for eating less than the recommended number of fruits and vegetables.
- The CDC (U.S. Centers for Disease Control and Prevention) reports that most teen diets do not meet minimum recommendations because they are lacking in grains, fruit, dairy and vegetable groups.
- A fourth of all vegetables eaten by teens nationally are in the form of french fries.
- Boys eat more meat, grains, vegetables and dairy than girls.
- Many girls eat less food than they need.
- Teens often do not eat enough food with iron, calcium, riboflavin, thiamin and vitamins A and C.
- At least 20% of today's children and adolescents are overweight or at risk for becoming overweight.
- Teens' food needs vary depending on growth rate, degree of maturation, body make-up, physical activity and health status.

adolescent nutrition

INFORMATION FOR ADULTS WHO CARE ABOUT TEENS

Why does it matter?

- The rate of growth in adolescence is second only to the rate in infancy.
- Mature bones, body tissues and organ systems are developing.
- Too little food or the wrong food can affect sexual maturation and growth.
- Normal bone strength may never be reached if a youth doesn't get adequate calcium.
- Eating habits developed during adolescence can set the tone for a lifetime of eating!
- Poor dietary habits are related to obesity, osteoporosis, cardiovascular (heart) disease and Type 2 diabetes.
- Studies have shown that heart disease can begin in childhood and progress into adulthood.
- Over-eating, under-eating and eating disorders can have devastating health impacts.
- Because each teen may be at a different phase of growth, a "one size fits all" approach to nutrition doesn't always work. Adults need to stay aware of a teen's growth, and support healthy eating habits.
- Teens should eat frequent meals and healthy snacks. Eating breakfast has been shown to help teens be more alert at school and perform better in sports activities.

What can I do?

As parents and adults who care about teens:

- Make healthy choices available and easy. Ask teens what they are willing to try.
- Morning Meal: Set the table the night before. Set out such foods as cereal, bagels, fruit and low fat granola bars. Pizza is OK occasionally. Hint: It doesn't have to be called "breakfast."
- **Dinner:** Eat together with your teens. Be a role model for good eating habits. It's a great time for conversation, too.
- Encourage eating fruits, vegetables and high fiber foods, such as whole grain breads and cereals.
- Teach teens to read food labels so they know what they are or aren't eating!
- Praise good choices and actions.
- Watch out for eating empty calories in front of the TV.
- Limit eating of "saturated fats" found in cheeseburgers, ice cream and pizza.
- Keep low fat snacks on hand, such as microwave popcorn, dried fruit, pretzels, peeled carrots, and juice.
- Encourage exercise—and exercise yourself! The CDC recommends 30 minutes of moderate physical activity a day, at least 10 minutes at a time, 5 days a week.
- Be a model for physical activity and for healthy and enjoyable eating.
- Make sure teens get enough calcium—3 servings a day of milk, yogurt or cheese (1200 milligrams/day). Use 1% or nonfat products to lower saturated fat intake.)
- If you have concerns that a teen might have an eating disorder, seek help from a doctor who specializes in treating eating disorders.

What are the guidelines?

The U.S. Department of Agriculture, Department of Health and Human Services, and the Food and Drug Administration have published dietary guidelines. Do you follow these? Do the teens in your life?

- Eat a variety of foods.
- Balance the food you eat with physical activity—maintain a healthy weight.
- Choose a diet with plenty of grain products, vegetables and fruit.
- Choose a diet low in fat, saturated fat, and cholesterol.
- Choose a diet moderate in sugars.
- Choose a diet moderate in salt and sodium.
- Children and adolescents should not drink alcoholic beverages.

The dietary guidelines suggest at least the following number of servings from each of these food groups. An active growing teenage boy (or girl) would need the upper range of servings, while a not-so-active teen who is not having a growth spurt would need the lower range of servings.

- Vegetables: 3–5 servings.
- Fruits: 2–4 servings.
- Breads, cereals, rice and pasta: 6–11 servings.
- Milk, yogurt and cheese: 2–3 servings.

 Teens should have 3 or more servings of foods rich in calcium.
- Meats, poultry, fish, dried beans and peas, eggs and nuts: 2–3 servings.



On the Teen Scene: Good News About Nutrition www.fda.gov/opacom/catalog/ots_nutr.html

Adolescent Nutrition Joyce Sokolik, R.D. www.scma.org/scp/scp_newformat/scp990506/sokolik.html

International Food Information Council http://ificinfo.health.org/backgrnd/bkgr3.htm

For providers:

Eating Disorders During Adolescence: Nutritional Problems and Interventions University of Washington Maternal and Child Health, School of Public Health and Community Medicine http://faculty.washington.edu/jrees/adolescentnutrition.html

Adolescent Nutrition Evaluation http://pedclerk.bsd.uchilcago.edu/adolescentNutrition.html

Washington State Youth Risk Behavior Survey 1999 published August 2000 by the Washington State Department of Health www.doh.wa.gov/publicat/publications.htm

"Youth risk behavior surveillance system summary," MMWR, 7:SS-3 (1998) Centers for Disease Control and Prevention

"Fruit and vegetable intakes of children and adolescents in the United States," S. Krebs-Smith et al, Arch Pediatr Adolesc Med. 150:81-86 (1996).

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